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CONFIRMATION NO. 2337

<b>SERIAL NUMBER</b> 10/806,972	<b>FILING OR 371(c) DATE</b> 03/22/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 17500CON (BOT)	
<b>APPLICANTS</b> Stephen Donovan, Capistrano Beach, CA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 10/143,078 05/10/2002 PAT 6,921,538					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/03/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>6/29/07</u> Examiner's Signature <u>1/29/07</u> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 51957					
<b>TITLE</b> Botulinum toxin therapy for neuropsychiatric disorders					
<b>FILING FEE RECEIVED</b> 996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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